

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042999

042

1000

1372

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

1. PLACE OF DEATH
a. COUNTY Buchananb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Joseph,Length of stay in 1b
1 dayc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Meth. Hosp. & Med. CenterInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN Easton,

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Rural RouteReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First
GEORGEMiddle
HERBERTLast
STELZER

4. DATE OF DEATH

Month
NovemberDay
25,Year
1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
Apr. 4, 18969. AGE (last birthday)
67IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Ret. Farmer10b. KIND OF BUSINESS OR INDUSTRY
Agriculture11. BIRTHPLACE (City and state or country)
Easton, Missouri12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Christian Stelzer

13b. MOTHER'S MAIDEN NAME

Mary Goodman

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

Yes

(If yes, give year or dates of service)
W. W. #1

16. SOCIAL SECURITY NO.

17. INFORMANT

Brother

Address

Mr. Clarence E. Stelzer-St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac insufficiency

INTERVAL BETWEEN ONSET AND DEATH

± 6 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Pm pulmonary hypertension

DUE TO (c)

and Arteriosclerosis

4344

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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

1. Pneumonia 2. Tuberculous tuberculosis old

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-25-63 to 11-25-63 and last saw him alive on 11-25-63
Death occurred at 5:20 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

William H. Ames, M.D.

22b. ADDRESS

902 Edmond St

22c. DATE SIGNED

11-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

Nov. 27, 1963

23c. NAME OF CEMETERY OR CREMATORY

Elakely Cemetery

23d. LOCATION (City, town, or county)

San Antonio, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Meierhoffer-Fleeman Inc., St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Dec. 2, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

Wm. H. Ames, M.D.

Medical Certification

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

VS 300
Rev. 4/59

1 5117

2 5110

3

4 0

5 0

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9 1/200A

10

11

12 2-0

13 1-0

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Permit issued 11-27-63

2111
2110
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MAR 3 1964

MAR 2 1964

STATEMENT BY LICENSED EMBALMER

0-0

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elbert E. Harrington

Licensed Embalmer No. 3358

P. O. Address St Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.